

FEE TRANSMITTAL		Complete if Known	
		Application Number	09/316,199-Conf. #7506
		Filing Date	May 21, 1999
		First Named Inventor	Michael J. McCluskie
		Examiner Name	I. Popa
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633
		Attorney Docket No.	C1040.70006US00
TOTAL AMOUNT OF PAYMENT		(\$)	150.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225

<u>Total Claims</u> _____ - or HP = _____ x _____ = _____ <small>HP = highest number of total claims paid for, if greater than 20.</small>	<u>Extra Claims</u> _____ x _____ = _____ <u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____ <u>Multiple Dependent Claims</u> <u>Fee (\$)</u> _____ <u>Fee Paid (\$)</u> _____
<u>Indep. Claims</u> _____ - or HP = _____ x _____ = _____ <small>HP = highest number of independent claims paid for, if greater than 3.</small>	<u>Extra Claims</u> _____ x _____ = _____ <u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	150.00

SUBMITTED BY

Signature	/Maria A. Trevisan/	Registration No. (Attorney/Agent)	48,207	Telephone	617.646.8000	
Name (Print/Type)	Maria A. Trevisan	Date	December 21, 2011			

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: December 21, 2011

Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/